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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	##

1. Corporation Name

P94000012201 (7)

HEART/USA, INCORPORATED

HEARI/US	A, INCORPORATED									
Principal Place of Busi	iness	Mailing Addi	ress				1 19811981 919 18111 81811 8811/ 81	IEIL WOLLS BOND	17 818 (1918)	811 88191 (181 (88
8558 PALM PARKWAY STE. 213 LAKE BUENA VISTA FL 32836-6450		STE. 21	8558 PALM PARKWAY STE. 213 LAKE BUENA VISTA FL 32836-6450							
LAKE BUENA VIS	IA PL 32836-6450	LAKE B	BUENA VISTA	FL 32836-	6450		3. Date Incorporated or Qualified 02/15/1994		of Last Re 11/27/1	•
2, Principa' Place of E 	Business	2a. Mailing A	Address				4. FEI Number 59-3224652		-	Applied For Not Applicable
Suite, Apt. #, etc.			pt. #, etc.	******			5. Certificate of Status Desired			Additional
22	······ · · · · · · · · · · ·	27				· · · · · · · · · · · · · · · · · · ·				Required
City & State		City & Si	tate				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζφ 29		30 Cou	intry		8. This corporation has liability for Florida Statutes Yes	_		
•	lame and Address of Curr	L	ent	-11	[10. Name and Address of New F	legistered	Agent	
					81	Name		· · · · · · · · · · · · · · · · · · ·		
DEVRIES, RA					82	Street Add	ress (P.O. Box Number is Not Acceptab	vle)		
8558 PALM STE. 213	PARNYAT				83					
	A VISTA FL 32836-6450				6.	Oin.			12-1 -	. 0 - 1
					84	City		FL	85 Zır) Code
11. Pursuant to the poor registered ager	rovisions of Sections 607.05 nt, or both, in the State of Flo accept the efficients of Sc	02 and 607,1508, F orida, Such change of ction 607,0505, Ho	lorida Statute was authoriz	es, the abo ed by the o	orpo	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	rpose of cha ointment as	anging its r registered	egistered offic agent. I am
SIGNATURE	cias /acias		inda Stattites				24	H		910
Styliat re	grad or britted has a of redistance; all	of and the mappication	(NO		I Agent	t signature require	od when reinstating)	1/GIL	4	/_Ψ
12. Tile []	OFFICERS A	ND DIRECTORS	DELETE	13. 1 1 I	171 E		ADDITIONS/CHANGES TO OFF		DIFICIO Change	RS IN 12
-	, IEART, JACK		jettere	1.2 N					Onlange	
	558 PALM PARKWAY., S	STE. 213				ADDRESS				
	AKE BUENA VISTA FL 3			1.4 0	ITY - S	T-ZIP				
TITLE C)) DELETE	2 11	ITLE				Change	☐ Addition
l l	HEART, BEVERLY			2 2 N	AME					
	558 PALM PARKWAY, S			2.3 \$	1 Jan	ADDRESS				
	AKE BUENA VISTA FL 3) DETETE		IIY - S	I - ZIF			T Change	☐ Addition
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STREET ADDRESS						ADDRESS				
City St Zif					iineei ITY-S					
THE] DELETE	4 1 1		. 47		<u>[</u>	Change	Addition
NAME				42 N				•	-	_
STREET ADDRESS				4.3 S	THEET	ADDRESS				
CHY-\$1-ZIP		reconstruction of the second	***	440	ITY - S	T - ZIP				
TOLE) DELETE	5 1 1	TILE				Change	Addition
NAME				52 N	AME					
STREET ADDRESS				538	TREET	ADORESS				
Cir-St-7P) DC: CX		ITY-S	T-ZIP			7 05	fin passer.
11,11		L] DELETE	6 1 1				ı	☐ Change	Addition
NAME				62 N						
STHEF - AUDHESS						ADDRESS				
Cilir-S1-ZiP	Alan Alan in Constanting and Constanting	d with this files is a	المالمالمالم		door		for the exemption stated in Section 119	OZIGNIA EI	vida Ctatul	ممالة الجاما

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or are altachment with an address.

SIGNATURE:

SUMURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126,96 40,44-0205